

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91247 045 ***150.00

DOCUMENT # P00000022679

1. Entity Name
PERSONALIZED HOME CARE, INC.

551855



DO NOT WRITE IN THIS SPACE

Principal Place of Business
535 CENTRAL AVENUE
SUITE 404
ST. PETERSBURG FL 33701

Mailing Address
535 CENTRAL AVENUE
SUITE 404
ST. PETERSBURG FL 33701

2. Principal Place of Business
475 Central Avenue

3. Mailing Address
475 Central Avenue

Suite, Apt. #, etc.
Suite B102

Suite, Apt. #, etc.
Suite B102

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number
59-3649761

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip
33701

Country
Pineellas

Zip
33701

Country
Pineellas

6. Name and Address of Current Registered Agent
QUARTETTI, MARY ANN
535 CENTRAL AVENUE
SUITE 404
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent
Name
Quartetti, Mary Ann
Street Address (P.O. Box Number is Not Acceptable)
4389 14th Way NE
City
St. Petersburg **FL** Zip Code
33703

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	QUARTETTI, MARY ANN			NAME			
STREET ADDRESS	535 CENTRAL AVENUE SUITE 404			STREET ADDRESS	4389 14th Way NE		
CITY-ST-ZIP	ST. PETERSBURG FL 33701			CITY-ST-ZIP	St. Petersburg, FL 33703		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mary Ann Quartetti** **5/14/01 727-502-9866**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachments

#P000000022679

5/5/01

FILING INSTRUCTIONS

STATE OF FLORIDA ANNUAL REPORT

**SIGNATURE AND
DUE DATE**

Both copies should be signed and dated by an authorized officer of the corporation, with the title and phone number indicated. The original should then be mailed in the enclosed envelope on or before May 1, 2001. We recommend that the return be mailed Certified Return Receipt Requested. Keep the receipt with your copy of the report.

WHERE TO FILE

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, FL 32302-1500

PAYMENT

A check payable to the Secretary of State in the following amount should accompany the return.

\$ 150. ✓

(Profit Entity)

\$ _____

(Non -Profit Entity)

\$ _____

(Includes fee of Registered
Agent Changes)

SPECIAL INSTRUCTIONS

Please verify the accuracy of the information contained in this report, noting any changes on the report before filing.